stakeholders, including pharma industry, to curb the menace of manufacture and marketing of spurious/fake medicines.

(iii) Union Ministry of Health and Family Welfare constituted a Committee under the chairmanship of DGHS to examine the extent of problem and suggest remedial measures. Committee report has been submitted along with its recommendation in July 2002. A copy of the report of the committee constituted by the Government of India to examine the issues concerning availability of spurious drugs in the market and measures recommended there of have been sent to all the State Drugs Controllers for their implementation.

(iv) As a part of various measures taken up by Government Union Minister of Health & Family Welfare also invited the representatives of major pharma industries in the country on 27.1.2003 to hold a general discussion on the problem of spurious drugs and to ensure their active participation in fighting this menace.

(v) Government of India has set up an expert committee on January 27, 2003 under the Chairmanship of Dr. R.A. Mashalkar, DG, CSIR, Secy. to Govt. of India, to look into various issues related to drug control administration including the matter of effectively tackling the problem of spurious drugs.

(vi) Central Government have taken steps to augment the drugs testing facilities of State laboratories. Strengthening information system through Computer networking is also under implementation.

Recommendations of Mckinsey report on health care sector

1157. SHRI C.P. THIRUNAVUKKARASU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to reply to Unstarred Question 2572 given in the Rajya Sabha on 16th December, 2002 and state:

(a) whether Government have since examined the recommendations made in Mckinsey Report on health care sector to attract private funding;

(b) if so, the details thereof; and

(c) the reaction of Government thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (c) The Mckinsey Report details the current health scenario in India assessing health care demand as also infrastructure required in 2012, emphasizing the need for private participation, as also the agenda for both Govt. and industry.

One of the Government initiatives to facilitate the growth of quality health care as contained in the Report relates to stimulating private investment in health care by (a) according 'priority sector' status to the health care segment and (b) identifying specific locations that need better health care facilities and incentivise private spending in these locations through various concessions.

The National Health Policy-2003 welcomes participation of the private sector in all areas of health activities, primary, secondary or tertiary with appropriate regulatory mechanism.

Relation between economic growth and expenditure on health

1158. SHRI NANA DESHMUKH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India's expenditure on health is very low and it is not even one per cent of its Gross National Product (GNP);

(b) if so, the reasons therefor;

(c) whether it is also a fact that economic growth of every country that has neglected this sector has not been able to achieve a sustained high economic growth and this very fact has been acknowledged by the Minister of herself; and

(d) if so, the steps being taken to augment the expenditure on every citizens' health?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (d) Improved health of the people is an important factor for promoting economic growth. However, budgetary allocation for different sectors is decided keeping in view the overall availability of budgetary resources and sectoral priorities. The health expenditure in the country as a percentage of GDP has been approximately 4.9% in the year 2000, of which public expenditure on health is 0.9% of